

Please type a plus sign (+) inside this box → ☒

PTO/SB/21 (08-00)

Approval for use through 10/31/2002. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|   |                             |                               |              |
|---|-----------------------------|-------------------------------|--------------|
| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) | <b>Application Number</b>   | 09/733,387                    |              |
|   | <b>Filing Date</b>          | Dec 7, 2000                   |              |
|   | <b>First Named Inventor</b> | Donoho, Gregory               |              |
|   | <b>Group Art Unit</b>       | 1646                          |              |
|   | <b>Examiner Name</b>        | R. Li                         |              |
| <b>Total Number of Pages in This Submission</b>   | 27                          | <b>Attorney Docket Number</b> | LEX-0104-USA |

| ENCLOSURES (check all that apply)   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form (Original & Copy)<br><input type="checkbox"/> Fee Attached   | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>- Return Postcard<br>- Exhibits A - E |
| <input checked="" type="checkbox"/> Amendment / Reply to Paper No. 9<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)  |   |  |
| <input checked="" type="checkbox"/> Extension of Time Request (Original & Copy)<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <b>Remarks</b>  |  |

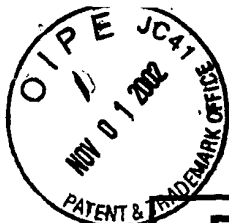
RECEIVED

NOV 05 2002

TECH CENTER 1600/2900

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |  |
|--|--|
| Firm or Individual name                    | Lexicon Genetics Incorporated<br>Lance K. Ishimoto Reg. No. 41,866   |
| Signature                                  | <i>Lance K. Ishimoto by David W. Huber</i> <b>DAVID W. HUBER</b> <b>24231</b><br>Reg. No. 41,071 PATENT TRADEMARK OFFICE |
| Date                                       | October 28, 2002   |

| CERTIFICATE OF MAILING  |                       |      |                  |
|---|-----------------------|------|------------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Arlington, VA 22202 on this date: <b>October 28, 2002</b> |                       |      |                  |
| Typed or printed name   | Michelle Klein        |      |                  |
| Signature   | <i>Michelle Klein</i> | Date | October 28, 2002 |



Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|  |                          |   |
|--|--------------------------|---|
| <b>FEE TRANSMITTAL</b><br><b>for FY 2002</b><br><i>Patent fees are subject to annual revision.</i> | <b>Complete if Known</b> |   |
|  | Application Number       | 09/733,387                              |
|  | Filing Date              | 12/7/2000                               |
|  | First Named Inventor     | Donoho et al.                           |
|  | Examiner Name            | R. Li                                   |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27          | Group Art Unit           | 1646                                    |
| <b>TOTAL AMOUNT OF PAYMENT</b>   | <b>(\$)</b> 84.00        | <b>Attorney Docket No.</b> LEX-0104-USA |

| <b>METHOD OF PAYMENT (check all that apply)</b>  |          | <b>FEE CALCULATION (continued)</b>   |          |  |          |                 |          |                 |          |          |          |          |          |     |     |                    |    |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |         |   |  |              |     |                |    |  |  |              |        |     |     |   |  |             |       |     |     |  |       |                    |       |     |     |   |  |              |       |              |     |  |          |          |          |          |          |                  |    |     |     |                        |     |  |    |     |     |                                   |     |                          |     |     |       |                                       |       |   |    |     |     |   |    |                                  |    |     |       |  |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                          |  |  |  |  |  |
|--|----------|--|----------|--|----------|-----------------|----------|-----------------|----------|----------|----------|----------|----------|-----|-----|--------------------|----|-------------------------------------|-----|-----|-----|-------------------|----|--|-----|-----|-----|------------------|-----|---------------------------|-----|-----|-------|--------------------|-------|--|-----|-----|------|------------------------|------|--|--|-----|--------|-----|---------|---|--|--------------|-----|----------------|----|--|--|--------------|--------|-----|-----|---|--|-------------|-------|-----|-----|--|-------|--------------------|-------|-----|-----|---|--|--------------|-------|--------------|-----|--|----------|----------|----------|----------|----------|------------------|----|-----|-----|------------------------|-----|--|----|-----|-----|-----------------------------------|-----|--------------------------|-----|-----|-------|---------------------------------------|-------|---|----|-----|-----|---|----|----------------------------------|----|-----|-------|--|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|-------------------------------------|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|---------------------------|--|--|--|--|--|--------------------------|--|--|--|--|--|
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br><input checked="" type="checkbox"/> Deposit Account<br>Deposit Account Number: 50-0892<br>Deposit Account Name: Lexicon Genetics Incorporated<br>The Commissioner is authorized to: (check all that apply)<br><input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.   |          | <b>3. ADDITIONAL FEES</b><br><table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr><tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr><tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr><tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for <i>ex parte</i></td><td></td></tr><tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr><tr><td>113</td><td>1,840*</td><td>113</td><td>1,840**</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr><tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr><tr><td>116</td><td>400</td><td>216</td><td>200</td><td>Extension for reply within second month</td><td></td></tr><tr><td>117</td><td>920</td><td>217</td><td>460</td><td>Extension for reply within third month</td><td></td></tr><tr><td>118</td><td>1,440</td><td>218</td><td>720</td><td>Extension for reply within fourth month</td><td></td></tr><tr><td>128</td><td>1,960</td><td>228</td><td>980</td><td>Extension for reply within fifth month</td><td></td></tr><tr><td>119</td><td>320</td><td>219</td><td>160</td><td>Notice of Appeal</td><td></td></tr><tr><td>120</td><td>320</td><td>220</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr><tr><td>121</td><td>280</td><td>221</td><td>140</td><td>Request for oral hearing</td><td></td></tr><tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr><tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr><tr><td>141</td><td>1,280</td><td>241</td><td>640</td><td>Petition to revive - unintentional</td><td></td></tr><tr><td>142</td><td>1,280</td><td>242</td><td>640</td><td>Utility issue fee (or reissue)</td><td></td></tr><tr><td>143</td><td>460</td><td>243</td><td>230</td><td>Design issue fee</td><td></td></tr><tr><td>144</td><td>620</td><td>244</td><td>310</td><td>Plant issue fee</td><td></td></tr><tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr><tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr><tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr><tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr><tr><td>146</td><td>740</td><td>246</td><td>370</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr><tr><td>149</td><td>740</td><td>249</td><td>370</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr><tr><td>179</td><td>740</td><td>279</td><td>370</td><td>Request for Continued Examination (RCE)</td><td></td></tr><tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr><tr><td colspan="6">Other fee (specify) _____</td></tr><tr><td colspan="6"><b>SUBTOTAL (3)</b> (\$)</td></tr></tbody></table> |          | Large Entity   |          | Small Entity    |          | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 105 | 130 | 205                | 65 | Surcharge - late filing fee or oath |     | 127 | 50  | 227               | 25 | Surcharge - late provisional filing fee or cover sheet |     | 139 | 130 | 139              | 130 | Non-English specification |     | 147 | 2,520 | 147                | 2,520 | For filing a request for <i>ex parte</i> |     | 112 | 920* | 112                    | 920* | Requesting publication of SIR prior to Examiner action |  | 113 | 1,840* | 113 | 1,840** | Requesting publication of SIR after Examiner action   |  | 115          | 110 | 215            | 55 | Extension for reply within first month |  | 116          | 400    | 216 | 200 | Extension for reply within second month |  | 117         | 920   | 217 | 460 | Extension for reply within third month |       | 118                | 1,440 | 218 | 720 | Extension for reply within fourth month |  | 128          | 1,960 | 228          | 980 | Extension for reply within fifth month |          | 119      | 320      | 219      | 160      | Notice of Appeal |    | 120 | 320 | 220                    | 160 | Filing a brief in support of an appeal |    | 121 | 280 | 221                               | 140 | Request for oral hearing |     | 138 | 1,510 | 138                                   | 1,510 | Petition to institute a public use proceeding |    | 140 | 110 | 240   | 55 | Petition to revive - unavoidable |    | 141 | 1,280 | 241  | 640 | Petition to revive - unintentional |  | 142 | 1,280 | 242 | 640 | Utility issue fee (or reissue) |  | 143 | 460 | 243 | 230 | Design issue fee |  | 144 | 620 | 244 | 310 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Processing fee under 37 CFR 1.17(q) |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 740 | 246 | 370 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 | 740 | 249 | 370 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 | 740 | 279 | 370 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  | <b>SUBTOTAL (3)</b> (\$) |  |  |  |  |  |
| Large Entity   |          | Small Entity   |          | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |     |     |                    |    |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |         |   |  |              |     |                |    |  |  |              |        |     |     |   |  |             |       |     |     |  |       |                    |       |     |     |   |  |              |       |              |     |  |          |          |          |          |          |                  |    |     |     |                        |     |  |    |     |     |                                   |     |                          |     |     |       |                                       |       |   |    |     |     |   |    |                                  |    |     |       |  |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                          |  |  |  |  |  |
| Fee Code   | Fee (\$) | Fee Code   | Fee (\$) |  |          |                 |          |                 |          |          |          |          |          |     |     |                    |    |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |         |   |  |              |     |                |    |  |  |              |        |     |     |   |  |             |       |     |     |  |       |                    |       |     |     |   |  |              |       |              |     |  |          |          |          |          |          |                  |    |     |     |                        |     |  |    |     |     |                                   |     |                          |     |     |       |                                       |       |   |    |     |     |   |    |                                  |    |     |       |  |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                          |  |  |  |  |  |
| 105  | 130      | 205  | 65       | Surcharge - late filing fee or oath  |          |                 |          |                 |          |          |          |          |          |     |     |                    |    |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |         |   |  |              |     |                |    |  |  |              |        |     |     |   |  |             |       |     |     |  |       |                    |       |     |     |   |  |              |       |              |     |  |          |          |          |          |          |                  |    |     |     |                        |     |  |    |     |     |                                   |     |                          |     |     |       |                                       |       |   |    |     |     |   |    |                                  |    |     |       |  |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                          |  |  |  |  |  |
| 127  | 50       | 227  | 25       | Surcharge - late provisional filing fee or cover sheet                     |          |                 |          |                 |          |          |          |          |          |     |     |                    |    |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |         |   |  |              |     |                |    |  |  |              |        |     |     |   |  |             |       |     |     |  |       |                    |       |     |     |   |  |              |       |              |     |  |          |          |          |          |          |                  |    |     |     |                        |     |  |    |     |     |                                   |     |                          |     |     |       |                                       |       |   |    |     |     |   |    |                                  |    |     |       |  |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                          |  |  |  |  |  |
| 139  | 130      | 139  | 130      | Non-English specification  |          |                 |          |                 |          |          |          |          |          |     |     |                    |    |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |         |   |  |              |     |                |    |  |  |              |        |     |     |   |  |             |       |     |     |  |       |                    |       |     |     |   |  |              |       |              |     |  |          |          |          |          |          |                  |    |     |     |                        |     |  |    |     |     |                                   |     |                          |     |     |       |                                       |       |   |    |     |     |   |    |                                  |    |     |       |  |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                          |  |  |  |  |  |
| 147  | 2,520    | 147  | 2,520    | For filing a request for <i>ex parte</i>                                   |          |                 |          |                 |          |          |          |          |          |     |     |                    |    |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |         |   |  |              |     |                |    |  |  |              |        |     |     |   |  |             |       |     |     |  |       |                    |       |     |     |   |  |              |       |              |     |  |          |          |          |          |          |                  |    |     |     |                        |     |  |    |     |     |                                   |     |                          |     |     |       |                                       |       |   |    |     |     |   |    |                                  |    |     |       |  |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                          |  |  |  |  |  |
| 112  | 920*     | 112  | 920*     | Requesting publication of SIR prior to Examiner action                     |          |                 |          |                 |          |          |          |          |          |     |     |                    |    |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |         |   |  |              |     |                |    |  |  |              |        |     |     |   |  |             |       |     |     |  |       |                    |       |     |     |   |  |              |       |              |     |  |          |          |          |          |          |                  |    |     |     |                        |     |  |    |     |     |                                   |     |                          |     |     |       |                                       |       |   |    |     |     |   |    |                                  |    |     |       |  |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                          |  |  |  |  |  |
| 113  | 1,840*   | 113  | 1,840**  | Requesting publication of SIR after Examiner action                        |          |                 |          |                 |          |          |          |          |          |     |     |                    |    |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |         |   |  |              |     |                |    |  |  |              |        |     |     |   |  |             |       |     |     |  |       |                    |       |     |     |   |  |              |       |              |     |  |          |          |          |          |          |                  |    |     |     |                        |     |  |    |     |     |                                   |     |                          |     |     |       |                                       |       |   |    |     |     |   |    |                                  |    |     |       |  |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                          |  |  |  |  |  |
| 115  | 110      | 215  | 55       | Extension for reply within first month                                     |          |                 |          |                 |          |          |          |          |          |     |     |                    |    |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |         |   |  |              |     |                |    |  |  |              |        |     |     |   |  |             |       |     |     |  |       |                    |       |     |     |   |  |              |       |              |     |  |          |          |          |          |          |                  |    |     |     |                        |     |  |    |     |     |                                   |     |                          |     |     |       |                                       |       |   |    |     |     |   |    |                                  |    |     |       |  |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                          |  |  |  |  |  |
| 116  | 400      | 216  | 200      | Extension for reply within second month                                    |          |                 |          |                 |          |          |          |          |          |     |     |                    |    |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |         |   |  |              |     |                |    |  |  |              |        |     |     |   |  |             |       |     |     |  |       |                    |       |     |     |   |  |              |       |              |     |  |          |          |          |          |          |                  |    |     |     |                        |     |  |    |     |     |                                   |     |                          |     |     |       |                                       |       |   |    |     |     |   |    |                                  |    |     |       |  |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                          |  |  |  |  |  |
| 117  | 920      | 217  | 460      | Extension for reply within third month                                     |          |                 |          |                 |          |          |          |          |          |     |     |                    |    |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |         |   |  |              |     |                |    |  |  |              |        |     |     |   |  |             |       |     |     |  |       |                    |       |     |     |   |  |              |       |              |     |  |          |          |          |          |          |                  |    |     |     |                        |     |  |    |     |     |                                   |     |                          |     |     |       |                                       |       |   |    |     |     |   |    |                                  |    |     |       |  |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                          |  |  |  |  |  |
| 118  | 1,440    | 218  | 720      | Extension for reply within fourth month                                    |          |                 |          |                 |          |          |          |          |          |     |     |                    |    |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |         |   |  |              |     |                |    |  |  |              |        |     |     |   |  |             |       |     |     |  |       |                    |       |     |     |   |  |              |       |              |     |  |          |          |          |          |          |                  |    |     |     |                        |     |  |    |     |     |                                   |     |                          |     |     |       |                                       |       |   |    |     |     |   |    |                                  |    |     |       |  |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                          |  |  |  |  |  |
| 128  | 1,960    | 228  | 980      | Extension for reply within fifth month                                     |          |                 |          |                 |          |          |          |          |          |     |     |                    |    |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |         |   |  |              |     |                |    |  |  |              |        |     |     |   |  |             |       |     |     |  |       |                    |       |     |     |   |  |              |       |              |     |  |          |          |          |          |          |                  |    |     |     |                        |     |  |    |     |     |                                   |     |                          |     |     |       |                                       |       |   |    |     |     |   |    |                                  |    |     |       |  |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                          |  |  |  |  |  |
| 119  | 320      | 219  | 160      | Notice of Appeal   |          |                 |          |                 |          |          |          |          |          |     |     |                    |    |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |         |   |  |              |     |                |    |  |  |              |        |     |     |   |  |             |       |     |     |  |       |                    |       |     |     |   |  |              |       |              |     |  |          |          |          |          |          |                  |    |     |     |                        |     |  |    |     |     |                                   |     |                          |     |     |       |                                       |       |   |    |     |     |   |    |                                  |    |     |       |  |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                          |  |  |  |  |  |
| 120  | 320      | 220  | 160      | Filing a brief in support of an appeal                                     |          |                 |          |                 |          |          |          |          |          |     |     |                    |    |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |         |   |  |              |     |                |    |  |  |              |        |     |     |   |  |             |       |     |     |  |       |                    |       |     |     |   |  |              |       |              |     |  |          |          |          |          |          |                  |    |     |     |                        |     |  |    |     |     |                                   |     |                          |     |     |       |                                       |       |   |    |     |     |   |    |                                  |    |     |       |  |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                          |  |  |  |  |  |
| 121  | 280      | 221  | 140      | Request for oral hearing   |          |                 |          |                 |          |          |          |          |          |     |     |                    |    |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |         |   |  |              |     |                |    |  |  |              |        |     |     |   |  |             |       |     |     |  |       |                    |       |     |     |   |  |              |       |              |     |  |          |          |          |          |          |                  |    |     |     |                        |     |  |    |     |     |                                   |     |                          |     |     |       |                                       |       |   |    |     |     |   |    |                                  |    |     |       |  |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                          |  |  |  |  |  |
| 138  | 1,510    | 138  | 1,510    | Petition to institute a public use proceeding                              |          |                 |          |                 |          |          |          |          |          |     |     |                    |    |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |         |   |  |              |     |                |    |  |  |              |        |     |     |   |  |             |       |     |     |  |       |                    |       |     |     |   |  |              |       |              |     |  |          |          |          |          |          |                  |    |     |     |                        |     |  |    |     |     |                                   |     |                          |     |     |       |                                       |       |   |    |     |     |   |    |                                  |    |     |       |  |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                          |  |  |  |  |  |
| 140  | 110      | 240  | 55       | Petition to revive - unavoidable   |          |                 |          |                 |          |          |          |          |          |     |     |                    |    |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |         |   |  |              |     |                |    |  |  |              |        |     |     |   |  |             |       |     |     |  |       |                    |       |     |     |   |  |              |       |              |     |  |          |          |          |          |          |                  |    |     |     |                        |     |  |    |     |     |                                   |     |                          |     |     |       |                                       |       |   |    |     |     |   |    |                                  |    |     |       |  |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                          |  |  |  |  |  |
| 141  | 1,280    | 241  | 640      | Petition to revive - unintentional   |          |                 |          |                 |          |          |          |          |          |     |     |                    |    |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |         |   |  |              |     |                |    |  |  |              |        |     |     |   |  |             |       |     |     |  |       |                    |       |     |     |   |  |              |       |              |     |  |          |          |          |          |          |                  |    |     |     |                        |     |  |    |     |     |                                   |     |                          |     |     |       |                                       |       |   |    |     |     |   |    |                                  |    |     |       |  |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                          |  |  |  |  |  |
| 142  | 1,280    | 242  | 640      | Utility issue fee (or reissue)   |          |                 |          |                 |          |          |          |          |          |     |     |                    |    |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |         |   |  |              |     |                |    |  |  |              |        |     |     |   |  |             |       |     |     |  |       |                    |       |     |     |   |  |              |       |              |     |  |          |          |          |          |          |                  |    |     |     |                        |     |  |    |     |     |                                   |     |                          |     |     |       |                                       |       |   |    |     |     |   |    |                                  |    |     |       |  |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                          |  |  |  |  |  |
| 143  | 460      | 243  | 230      | Design issue fee   |          |                 |          |                 |          |          |          |          |          |     |     |                    |    |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |         |   |  |              |     |                |    |  |  |              |        |     |     |   |  |             |       |     |     |  |       |                    |       |     |     |   |  |              |       |              |     |  |          |          |          |          |          |                  |    |     |     |                        |     |  |    |     |     |                                   |     |                          |     |     |       |                                       |       |   |    |     |     |   |    |                                  |    |     |       |  |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                          |  |  |  |  |  |
| 144  | 620      | 244  | 310      | Plant issue fee  |          |                 |          |                 |          |          |          |          |          |     |     |                    |    |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |         |   |  |              |     |                |    |  |  |              |        |     |     |   |  |             |       |     |     |  |       |                    |       |     |     |   |  |              |       |              |     |  |          |          |          |          |          |                  |    |     |     |                        |     |  |    |     |     |                                   |     |                          |     |     |       |                                       |       |   |    |     |     |   |    |                                  |    |     |       |  |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                          |  |  |  |  |  |
| 122  | 130      | 122  | 130      | Petitions to the Commissioner  |          |                 |          |                 |          |          |          |          |          |     |     |                    |    |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |         |   |  |              |     |                |    |  |  |              |        |     |     |   |  |             |       |     |     |  |       |                    |       |     |     |   |  |              |       |              |     |  |          |          |          |          |          |                  |    |     |     |                        |     |  |    |     |     |                                   |     |                          |     |     |       |                                       |       |   |    |     |     |   |    |                                  |    |     |       |  |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                          |  |  |  |  |  |
| 123  | 50       | 123  | 50       | Processing fee under 37 CFR 1.17(q)  |          |                 |          |                 |          |          |          |          |          |     |     |                    |    |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |         |   |  |              |     |                |    |  |  |              |        |     |     |   |  |             |       |     |     |  |       |                    |       |     |     |   |  |              |       |              |     |  |          |          |          |          |          |                  |    |     |     |                        |     |  |    |     |     |                                   |     |                          |     |     |       |                                       |       |   |    |     |     |   |    |                                  |    |     |       |  |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                          |  |  |  |  |  |
| 126  | 180      | 126  | 180      | Submission of Information Disclosure Stmt                                  |          |                 |          |                 |          |          |          |          |          |     |     |                    |    |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |         |   |  |              |     |                |    |  |  |              |        |     |     |   |  |             |       |     |     |  |       |                    |       |     |     |   |  |              |       |              |     |  |          |          |          |          |          |                  |    |     |     |                        |     |  |    |     |     |                                   |     |                          |     |     |       |                                       |       |   |    |     |     |   |    |                                  |    |     |       |  |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                          |  |  |  |  |  |
| 581  | 40       | 581  | 40       | Recording each patent assignment per property (times number of properties) |          |                 |          |                 |          |          |          |          |          |     |     |                    |    |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |         |   |  |              |     |                |    |  |  |              |        |     |     |   |  |             |       |     |     |  |       |                    |       |     |     |   |  |              |       |              |     |  |          |          |          |          |          |                  |    |     |     |                        |     |  |    |     |     |                                   |     |                          |     |     |       |                                       |       |   |    |     |     |   |    |                                  |    |     |       |  |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                          |  |  |  |  |  |
| 146  | 740      | 246  | 370      | Filing a submission after final rejection (37 CFR § 1.129(a))              |          |                 |          |                 |          |          |          |          |          |     |     |                    |    |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |         |   |  |              |     |                |    |  |  |              |        |     |     |   |  |             |       |     |     |  |       |                    |       |     |     |   |  |              |       |              |     |  |          |          |          |          |          |                  |    |     |     |                        |     |  |    |     |     |                                   |     |                          |     |     |       |                                       |       |   |    |     |     |   |    |                                  |    |     |       |  |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                          |  |  |  |  |  |
| 149  | 740      | 249  | 370      | For each additional invention to be examined (37 CFR § 1.129(b))           |          |                 |          |                 |          |          |          |          |          |     |     |                    |    |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |         |   |  |              |     |                |    |  |  |              |        |     |     |   |  |             |       |     |     |  |       |                    |       |     |     |   |  |              |       |              |     |  |          |          |          |          |          |                  |    |     |     |                        |     |  |    |     |     |                                   |     |                          |     |     |       |                                       |       |   |    |     |     |   |    |                                  |    |     |       |  |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                          |  |  |  |  |  |
| 179  | 740      | 279  | 370      | Request for Continued Examination (RCE)                                    |          |                 |          |                 |          |          |          |          |          |     |     |                    |    |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |         |   |  |              |     |                |    |  |  |              |        |     |     |   |  |             |       |     |     |  |       |                    |       |     |     |   |  |              |       |              |     |  |          |          |          |          |          |                  |    |     |     |                        |     |  |    |     |     |                                   |     |                          |     |     |       |                                       |       |   |    |     |     |   |    |                                  |    |     |       |  |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                          |  |  |  |  |  |
| 169  | 900      | 169  | 900      | Request for expedited examination of a design application                  |          |                 |          |                 |          |          |          |          |          |     |     |                    |    |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |         |   |  |              |     |                |    |  |  |              |        |     |     |   |  |             |       |     |     |  |       |                    |       |     |     |   |  |              |       |              |     |  |          |          |          |          |          |                  |    |     |     |                        |     |  |    |     |     |                                   |     |                          |     |     |       |                                       |       |   |    |     |     |   |    |                                  |    |     |       |  |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                          |  |  |  |  |  |
| Other fee (specify) _____  |          |  |          |  |          |                 |          |                 |          |          |          |          |          |     |     |                    |    |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |         |   |  |              |     |                |    |  |  |              |        |     |     |   |  |             |       |     |     |  |       |                    |       |     |     |   |  |              |       |              |     |  |          |          |          |          |          |                  |    |     |     |                        |     |  |    |     |     |                                   |     |                          |     |     |       |                                       |       |   |    |     |     |   |    |                                  |    |     |       |  |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                          |  |  |  |  |  |
| <b>SUBTOTAL (3)</b> (\$)   |          |  |          |  |          |                 |          |                 |          |          |          |          |          |     |     |                    |    |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |         |   |  |              |     |                |    |  |  |              |        |     |     |   |  |             |       |     |     |  |       |                    |       |     |     |   |  |              |       |              |     |  |          |          |          |          |          |                  |    |     |     |                        |     |  |    |     |     |                                   |     |                          |     |     |       |                                       |       |   |    |     |     |   |    |                                  |    |     |       |  |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                          |  |  |  |  |  |
| <b>1. BASIC FILING FEE</b><br><table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility filing fee</td><td></td></tr><tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr><tr><td>107</td><td>510</td><td>207</td><td>255</td><td>Plant filing fee</td><td></td></tr><tr><td>108</td><td>740</td><td>208</td><td>370</td><td>Reissue filing fee</td><td></td></tr><tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="6"><b>SUBTOTAL (1)</b> (\$)</td></tr></tbody></table> |          | Large Entity   |          | Small Entity   |          | Fee Description | Fee Paid | Fee Code        | Fee (\$) | Fee Code | Fee (\$) | 101      | 740      | 201 | 370 | Utility filing fee |    | 106                                 | 330 | 206 | 165 | Design filing fee |    | 107  | 510 | 207 | 255 | Plant filing fee |     | 108                       | 740 | 208 | 370   | Reissue filing fee |       | 114                                      | 160 | 214 | 80   | Provisional filing fee |      | <b>SUBTOTAL (1)</b> (\$)                               |  |     |        |     |         | <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br><table border="1"><thead><tr><th colspan="2">Extra Claims</th><th colspan="2">Fee from below</th><th colspan="2">Fee Paid</th></tr><tr><th>Total Claims</th><th>-20**=</th><th>X</th><th></th><th>=</th><th></th></tr></thead><tbody><tr><td>Independent</td><td>-3**=</td><td>2</td><td>X</td><td>42.00</td><td>84.00</td></tr><tr><td>Multiple Dependent</td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table><br><table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>109</td><td>84</td><td>209</td><td>42</td><td>**Reissue independent claims over original patent</td><td></td></tr><tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="6"><b>SUBTOTAL (2)</b> (\$ 84.00</td></tr></tbody></table> |  | Extra Claims |     | Fee from below |    | Fee Paid                               |  | Total Claims | -20**= | X   |     | =                                       |  | Independent | -3**= | 2   | X   | 42.00                                  | 84.00 | Multiple Dependent |       |     |     |   |  | Large Entity |       | Small Entity |     | Fee Description                        | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 103              | 18 | 203 | 9   | Claims in excess of 20 |     | 102                                    | 84 | 202 | 42  | Independent claims in excess of 3 |     | 104                      | 280 | 204 | 140   | Multiple dependent claim, if not paid |       | 109   | 84 | 209 | 42  | **Reissue independent claims over original patent |    | 110                              | 18 | 210 | 9     | ** Reissue claims in excess of 20 and over original patent |     | <b>SUBTOTAL (2)</b> (\$ 84.00      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                          |  |  |  |  |  |
| Large Entity   |          | Small Entity   |          | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |     |     |                    |    |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |         |   |  |              |     |                |    |  |  |              |        |     |     |   |  |             |       |     |     |  |       |                    |       |     |     |   |  |              |       |              |     |  |          |          |          |          |          |                  |    |     |     |                        |     |  |    |     |     |                                   |     |                          |     |     |       |                                       |       |   |    |     |     |   |    |                                  |    |     |       |  |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                          |  |  |  |  |  |
| Fee Code   | Fee (\$) | Fee Code   | Fee (\$) |  |          |                 |          |                 |          |          |          |          |          |     |     |                    |    |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |         |   |  |              |     |                |    |  |  |              |        |     |     |   |  |             |       |     |     |  |       |                    |       |     |     |   |  |              |       |              |     |  |          |          |          |          |          |                  |    |     |     |                        |     |  |    |     |     |                                   |     |                          |     |     |       |                                       |       |   |    |     |     |   |    |                                  |    |     |       |  |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                          |  |  |  |  |  |
| 101  | 740      | 201  | 370      | Utility filing fee   |          |                 |          |                 |          |          |          |          |          |     |     |                    |    |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |         |   |  |              |     |                |    |  |  |              |        |     |     |   |  |             |       |     |     |  |       |                    |       |     |     |   |  |              |       |              |     |  |          |          |          |          |          |                  |    |     |     |                        |     |  |    |     |     |                                   |     |                          |     |     |       |                                       |       |   |    |     |     |   |    |                                  |    |     |       |  |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                          |  |  |  |  |  |
| 106  | 330      | 206  | 165      | Design filing fee  |          |                 |          |                 |          |          |          |          |          |     |     |                    |    |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |         |   |  |              |     |                |    |  |  |              |        |     |     |   |  |             |       |     |     |  |       |                    |       |     |     |   |  |              |       |              |     |  |          |          |          |          |          |                  |    |     |     |                        |     |  |    |     |     |                                   |     |                          |     |     |       |                                       |       |   |    |     |     |   |    |                                  |    |     |       |  |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                          |  |  |  |  |  |
| 107  | 510      | 207  | 255      | Plant filing fee   |          |                 |          |                 |          |          |          |          |          |     |     |                    |    |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |         |   |  |              |     |                |    |  |  |              |        |     |     |   |  |             |       |     |     |  |       |                    |       |     |     |   |  |              |       |              |     |  |          |          |          |          |          |                  |    |     |     |                        |     |  |    |     |     |                                   |     |                          |     |     |       |                                       |       |   |    |     |     |   |    |                                  |    |     |       |  |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                          |  |  |  |  |  |
| 108  | 740      | 208  | 370      | Reissue filing fee   |          |                 |          |                 |          |          |          |          |          |     |     |                    |    |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |         |   |  |              |     |                |    |  |  |              |        |     |     |   |  |             |       |     |     |  |       |                    |       |     |     |   |  |              |       |              |     |  |          |          |          |          |          |                  |    |     |     |                        |     |  |    |     |     |                                   |     |                          |     |     |       |                                       |       |   |    |     |     |   |    |                                  |    |     |       |  |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                          |  |  |  |  |  |
| 114  | 160      | 214  | 80       | Provisional filing fee   |          |                 |          |                 |          |          |          |          |          |     |     |                    |    |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |         |   |  |              |     |                |    |  |  |              |        |     |     |   |  |             |       |     |     |  |       |                    |       |     |     |   |  |              |       |              |     |  |          |          |          |          |          |                  |    |     |     |                        |     |  |    |     |     |                                   |     |                          |     |     |       |                                       |       |   |    |     |     |   |    |                                  |    |     |       |  |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                          |  |  |  |  |  |
| <b>SUBTOTAL (1)</b> (\$)   |          |  |          |  |          |                 |          |                 |          |          |          |          |          |     |     |                    |    |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |         |   |  |              |     |                |    |  |  |              |        |     |     |   |  |             |       |     |     |  |       |                    |       |     |     |   |  |              |       |              |     |  |          |          |          |          |          |                  |    |     |     |                        |     |  |    |     |     |                                   |     |                          |     |     |       |                                       |       |   |    |     |     |   |    |                                  |    |     |       |  |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                          |  |  |  |  |  |
| Extra Claims   |          | Fee from below   |          | Fee Paid   |          |                 |          |                 |          |          |          |          |          |     |     |                    |    |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |         |   |  |              |     |                |    |  |  |              |        |     |     |   |  |             |       |     |     |  |       |                    |       |     |     |   |  |              |       |              |     |  |          |          |          |          |          |                  |    |     |     |                        |     |  |    |     |     |                                   |     |                          |     |     |       |                                       |       |   |    |     |     |   |    |                                  |    |     |       |  |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                          |  |  |  |  |  |
| Total Claims   | -20**=   | X  |          | =  |          |                 |          |                 |          |          |          |          |          |     |     |                    |    |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |         |   |  |              |     |                |    |  |  |              |        |     |     |   |  |             |       |     |     |  |       |                    |       |     |     |   |  |              |       |              |     |  |          |          |          |          |          |                  |    |     |     |                        |     |  |    |     |     |                                   |     |                          |     |     |       |                                       |       |   |    |     |     |   |    |                                  |    |     |       |  |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                          |  |  |  |  |  |
| Independent  | -3**=    | 2  | X        | 42.00  | 84.00    |                 |          |                 |          |          |          |          |          |     |     |                    |    |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |         |   |  |              |     |                |    |  |  |              |        |     |     |   |  |             |       |     |     |  |       |                    |       |     |     |   |  |              |       |              |     |  |          |          |          |          |          |                  |    |     |     |                        |     |  |    |     |     |                                   |     |                          |     |     |       |                                       |       |   |    |     |     |   |    |                                  |    |     |       |  |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                          |  |  |  |  |  |
| Multiple Dependent   |          |  |          |  |          |                 |          |                 |          |          |          |          |          |     |     |                    |    |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |         |   |  |              |     |                |    |  |  |              |        |     |     |   |  |             |       |     |     |  |       |                    |       |     |     |   |  |              |       |              |     |  |          |          |          |          |          |                  |    |     |     |                        |     |  |    |     |     |                                   |     |                          |     |     |       |                                       |       |   |    |     |     |   |    |                                  |    |     |       |  |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                          |  |  |  |  |  |
| Large Entity   |          | Small Entity   |          | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |     |     |                    |    |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |         |   |  |              |     |                |    |  |  |              |        |     |     |   |  |             |       |     |     |  |       |                    |       |     |     |   |  |              |       |              |     |  |          |          |          |          |          |                  |    |     |     |                        |     |  |    |     |     |                                   |     |                          |     |     |       |                                       |       |   |    |     |     |   |    |                                  |    |     |       |  |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                          |  |  |  |  |  |
| Fee Code   | Fee (\$) | Fee Code   | Fee (\$) |  |          |                 |          |                 |          |          |          |          |          |     |     |                    |    |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |         |   |  |              |     |                |    |  |  |              |        |     |     |   |  |             |       |     |     |  |       |                    |       |     |     |   |  |              |       |              |     |  |          |          |          |          |          |                  |    |     |     |                        |     |  |    |     |     |                                   |     |                          |     |     |       |                                       |       |   |    |     |     |   |    |                                  |    |     |       |  |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                          |  |  |  |  |  |
| 103  | 18       | 203  | 9        | Claims in excess of 20   |          |                 |          |                 |          |          |          |          |          |     |     |                    |    |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |         |   |  |              |     |                |    |  |  |              |        |     |     |   |  |             |       |     |     |  |       |                    |       |     |     |   |  |              |       |              |     |  |          |          |          |          |          |                  |    |     |     |                        |     |  |    |     |     |                                   |     |                          |     |     |       |                                       |       |   |    |     |     |   |    |                                  |    |     |       |  |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                          |  |  |  |  |  |
| 102  | 84       | 202  | 42       | Independent claims in excess of 3  |          |                 |          |                 |          |          |          |          |          |     |     |                    |    |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |         |   |  |              |     |                |    |  |  |              |        |     |     |   |  |             |       |     |     |  |       |                    |       |     |     |   |  |              |       |              |     |  |          |          |          |          |          |                  |    |     |     |                        |     |  |    |     |     |                                   |     |                          |     |     |       |                                       |       |   |    |     |     |   |    |                                  |    |     |       |  |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                          |  |  |  |  |  |
| 104  | 280      | 204  | 140      | Multiple dependent claim, if not paid                                      |          |                 |          |                 |          |          |          |          |          |     |     |                    |    |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |         |   |  |              |     |                |    |  |  |              |        |     |     |   |  |             |       |     |     |  |       |                    |       |     |     |   |  |              |       |              |     |  |          |          |          |          |          |                  |    |     |     |                        |     |  |    |     |     |                                   |     |                          |     |     |       |                                       |       |   |    |     |     |   |    |                                  |    |     |       |  |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                          |  |  |  |  |  |
| 109  | 84       | 209  | 42       | **Reissue independent claims over original patent                          |          |                 |          |                 |          |          |          |          |          |     |     |                    |    |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |         |   |  |              |     |                |    |  |  |              |        |     |     |   |  |             |       |     |     |  |       |                    |       |     |     |   |  |              |       |              |     |  |          |          |          |          |          |                  |    |     |     |                        |     |  |    |     |     |                                   |     |                          |     |     |       |                                       |       |   |    |     |     |   |    |                                  |    |     |       |  |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                          |  |  |  |  |  |
| 110  | 18       | 210  | 9        | ** Reissue claims in excess of 20 and over original patent                 |          |                 |          |                 |          |          |          |          |          |     |     |                    |    |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |         |   |  |              |     |                |    |  |  |              |        |     |     |   |  |             |       |     |     |  |       |                    |       |     |     |   |  |              |       |              |     |  |          |          |          |          |          |                  |    |     |     |                        |     |  |    |     |     |                                   |     |                          |     |     |       |                                       |       |   |    |     |     |   |    |                                  |    |     |       |  |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                          |  |  |  |  |  |
| <b>SUBTOTAL (2)</b> (\$ 84.00  |          |  |          |  |          |                 |          |                 |          |          |          |          |          |     |     |                    |    |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |         |   |  |              |     |                |    |  |  |              |        |     |     |   |  |             |       |     |     |  |       |                    |       |     |     |   |  |              |       |              |     |  |          |          |          |          |          |                  |    |     |     |                        |     |  |    |     |     |                                   |     |                          |     |     |       |                                       |       |   |    |     |     |   |    |                                  |    |     |       |  |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                          |  |  |  |  |  |

|                     |   |                                   |              |
|---------------------|---|-----------------------------------|--------------|
| <b>SUBMITTED BY</b> |   | <b>Complete (if applicable)</b>   |              |
| Name (Print/Type)   | Lance K. Ishimoto                           | Registration No. (Attorney/Agent) | 41,866       |
| Signature           | <i>Lance K. Ishimoto by David W. Hibler</i> | Telephone                         | 281-853-3333 |
|                     | DAVID W. HIBLER<br>Reg. No. 41,071          | Date                              | Oct 28, 2002 |



24231

PATENT TRADEMARK OFFICE